

much of this sports-related tobacco advertising appears to be directed at youth. Some communities have responded with parodies such as the "Emphysema Slims Tennis Tournament" and the "Dead Man Chew Softball Tournament." Others have used paid counteradvertising on television, radio, billboards, and bus benches to tell the truth about tobacco and to point out the insidious techniques used in its promotion.

These new approaches for preventing tobacco abuse by children have been pioneered by DOC. The American Medical Association, the American Academy of Family Physicians, and the American Cancer Society are all beginning to adopt these new methods, while continuing their efforts to encourage smoking cessation.

Through counteradvertising and tobacco education programs on the local and national levels, it may be possible to reduce the number of new smokers and thereby decrease the impact of the tobacco-related diseases that presently kill 1,000 Americans every day.

JOHN M. HIGGINS, MD  
Chico, California

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## Diarrhea in Children

FOR MANY CLINICIANS, the treatment of diarrhea is straightforward: the patient is not given anything orally while the intravenous (IV) administration of fluids is started, then the patient is given clear liquids for 24 to 48 hours, followed by a BRAT—bananas, rice, applesauce, toast—diet. Recent studies, primarily in third-world populations, have shown that this is not the optimal therapy.

Perhaps the biggest change has been in IV fluids therapy, which is now recognized as rarely necessary. Instead, oral rehydration solutions—World Health Organization Oral Rehydration Solution (WHO ORS), Pedialyte, Lytren—are available and effective in replacing lost fluids. It should be emphasized that many "clear liquids" such as soft drinks and popsicles are not ideal therapies: they are low in sodium and potassium, key electrolytes in this disease state, and high in carbohydrates, a fact that may prolong the diarrhea. If soft drinks or fruit juices are used, they should be diluted one part beverage to two parts water because they are hyperosmolar and may draw water into the lumen. In addition, commercially prepared soup (high in salt content) and tap water (no electrolytes) should not be a major component of the therapy. For these reasons, many clear liquids should be avoided, except in limited quantities or in mild cases.

Because continued breast-feeding is beneficial, there is a growing thought that the disease state responds better to the additional nutrition than to starvation. In underdeveloped countries where no IV fluids are available and the WHO ORS formula is widely used, research has shown that replacing the glucose in the oral rehydration solution with rice powder or protein actually decreases the recovery time. Recent studies in England and the United States have confirmed these findings. Thus, the trend is now to give oral clear liquids (as described above) in the first few hours of illness followed by early feeding of a carbohydrate-protein-electrolyte mixture

while the patient still has diarrhea. This regimen is thought to be not only safe but preferred because it decreases morbidity and costs.

THEODORE G. GANIATS, MD  
La Jolla, California

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## Circumcision Reevaluated

DESPITE BEING THE MOST COMMON surgical procedure in the country, circumcision has been the center of tremendous and often intense debate for the past 40 years. So adamant have the two camps been that little consensus has been achieved. Thus, though the American Academy of Pediatrics is reevaluating its 18-year-old antircircumcision stance, it is unlikely the controversy will be resolved. Though there are currently no answers, family physicians should be updated on the debate in order to better inform parents and to assist in the needed research.

Central to the debate is the evaluation of health risks and benefits. Most health risks of remaining uncircumcised—balanitis, posthitis, penile cancer, phimosis, and foreskin trauma—are too insubstantial in frequency or morbidity to play a role in decision making. The recently discovered tenfold increase in urinary tract infections in uncircumcised persons has swayed many to favor the procedure, but the long-term effects of this increased risk are not known. In addition, the original belief that the procedure is "harmless" in most infants has come into question with the recent realization that neonates do feel pain and show pronounced physiologic and biochemical changes to this pain.

What role, then, does the family physician have? It is clear there is no consensus, and the field is evolving. To strongly adhere to one belief or the other is probably unwise. Until such time that the several questions regarding circumcision and the uncircumcised state are answered, supportive counseling of parents is the best plan.

THEODORE G. GANIATS, MD  
JONATHAN B.C. HUMPHREY, MD  
La Jolla, California

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## The Melanoma Epidemic

ALTHOUGH THE EPIDEMIC of disease mediated by the human immunodeficiency virus has rightfully taken much of our attention, primary care physicians must not forget that we are also in the midst of an epidemic of malignant melanoma. The incidence of malignant melanoma roughly tripled between 1950 and 1970 and has increased by 700% over the past 55 years. It is estimated that by the turn of the century malignant melanoma might well afflict 1% of the general American population.

It is extremely important that primary care physicians be trained to diagnose malignant melanoma in its early stages because prognosis is best correlated with the thickness of the lesion. The relationship of melanoma thickness to five-year survival is as follows: 0 to 0.85 mm, 99%; 0.86 to 1.69 mm, 94%; 1.70 to 3.59 mm, 81%; and 3.60 mm or larger, 49%.